

Youth Application

Personal Information

Last Name _____ First Name _____ Initial _____
 Street Address _____ City _____ State _____ ZIP Code _____
 County _____ Telephone Number _____ Cell Phone Number _____ E-Mail Address _____
 Social Security Number _____ Date of Birth _____ Age _____ Male _____ Female _____
 Gender _____ Application Date _____
 If male, are you registered for Selective Service _____ Yes _____ No _____ Not Applicable
 Right to Work? (Check One) _____ US Citizen _____ Lawful Permanent Resident (Alien) _____ Alien Authorized to Work
 Alien Registration Card ID Number _____ Permanent or Expiration Date _____
 Hispanic or Latino: (Check One) _____ Yes _____ No
 Race: (Check all that apply) _____ American Indian or Alaska Native _____ Black or African American
 _____ Hawaiian Native or Pacific Islander _____ White
 _____ Asian

Employment Barriers

ARE YOU or HAVE YOU...?

| | YES | NO | | YES | NO |
|---|-----|----|--|-----|----|
| Been diagnosed with a disability | | | Dropped out of high school | | |
| Been diagnosed with a mental health diagnosis | | | A parent or pregnant. If yes, Number of children living with you _____ | | |
| Limited in the use of English | | | Foster child/Runaway/Homeless | | |
| Chemically dependent or in recovery | | | Been convicted/adjudicated of gross misdemeanor, misdemeanor or felony | | |
| Behind 2 or more grades in school | | | Been on probation | | |

General Information

ARE YOU or HAVE YOU...?

| | YES | NO | ARE YOU...? | YES | NO |
|---|-----|----|---|-----|----|
| Living on your own | | | Employed full time | | |
| Living with a family member | | | Employed part time | | |
| Pregnant or parenting in a single parent family | | | Unemployed, seeking | | |
| Pregnant or parenting in a two parent family | | | Unemployed, not seeking (not in labor force) | | |
| A veteran If yes, what type _____ Do you have a service related disability? _____ | | | Eligible for unemployment If yes, _____ Claimant _____ Exhausted _____ Not Claimant | | |

ARE YOU RECEIVING....?

| | YES | NO | | YES | NO |
|-----------------------------------|-----|----|-----------------------------------|-----|----|
| Social Security SSI | | | Social Security Disability (SSDI) | | |
| Social Security Survivors Benefit | | | General Assistance (cash only) | | |
| TANF/MFIP | | | Refugee Assistance | | |
| Food Support (food stamps only) | | | Free School Lunches (MYP only) | | |

Education

Name of school currently attending or will attend next fall _____

Highest grade completed _____

Do you have an IEP (or did you when you were in school)? ____ Yes ____ No

Current Education Status:

____ Out of school without diploma or GED

____ College attendee

____ High school student

Years completed _____

____ Alternative school attendee

Degree _____

____ High school diploma

Certificate _____

____ GED

If attending college, what is your Pell Grant status? ____ Approved ____ Denied ____ Pending ____ NA

Work History

Have you worked for 3 months or longer at the same job? ____ Yes ____ No

Number of weeks unemployed (out of the last 26)? _____

Current or last employer: _____ Job title: _____

Hours per week: _____ Pay rate: _____ Reason for leaving: _____

Date started: _____ Date ended: _____

Previous employer: _____ Job title: _____

Hours per week: _____ Pay rate: _____ Reason for leaving: _____

Date started: _____ Date ended: _____

Alternate Contact Information

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| Name | Address | Phone Number |
| | | |

An Equal Opportunity Program
 Auxiliary aids and services available upon request
 This material is available in alternate formats such as Braille,
 Large Print or Audio Tape

Financial Information

Please list everyone living in your household and their income for the last six (6) months:

| Name: | Self: | Parent/ Guardian: | Spouse: | Sibling: | Grandparent/ Other: | TOTAL |
|-------------------------|-------|----------------------|---------|----------|------------------------|-------|
| Wages (Gross) | | | | | | |
| Unemployment Comp. | | | | | | |
| Self Employment | | | | | | |
| Social Security | | | | | | |
| Child Support/Alimony | | | | | | |
| TANF/MFIP | | | | | | |
| Pensions | | | | | | |
| Food Stamps | | | | | | |
| Veterans Pension | | | | | | |
| Refugee Assistance | | | | | | |
| General Cash Assistance | | | | | | |
| Other | | | | | | |
| TOTALS | | | | | | |

Certification Statement

I certify the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and I may be required to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for perjury. I also allow release of this information in accordance with the use of data statement.

Youth Signature

Date

Parent/Guardian Signature (if under 18)

Date

Workforce Development, Inc. Counselor
Signature

Date

MIS Staff Signature

Date

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